

STUDY OF THE IMPLEMENTATION OF RECOMMENDATIONS OF THE HUMAN SERVICES RESEARCH INSTITUTE'S STUDY OF THE STATE'S BEHAVIORAL HEALTH SYSTEM - BACKGROUND MEMORANDUM

Senate Concurrent Resolution No. 4014 (2019) ([Appendix A](#)) provides for a Legislative Management study of the implementation of the recommendations of the Human Services Research Institute's (HSRI) study of North Dakota's behavioral health system. In conducting the study, the committee is to:

1. Receive regular updates on each of the major recommendation areas from the report;
2. Identify the availability, access, and delivery of behavioral health services;
3. Seek input from stakeholders, including law enforcement, social and clinical service providers, medical providers, mental health advocacy organizations, emergency medical service providers, juvenile court personnel, educators, tribal governments, and state and local agencies; and
4. Consider options for improving access and the availability for behavioral health care.

Section 47 of Senate Bill No. 2012 (2019) ([Appendix B](#)) also provides for the Legislative Management to receive a report before August 1, 2020, from the Department of Human Services (DHS) regarding the implementation of the HSRI report recommendations.

HUMAN SERVICES RESEARCH INSTITUTE STUDY AND REPORT

In 2017, DHS contracted with HSRI to conduct a review of the state's behavioral health system. The goals of the study were to conduct an in-depth review of the state's behavioral health system; to analyze current utilization and expenditure patterns by payer source; to provide recommendations for enhancing the integration, cost-effectiveness, and recovery orientation of the system to effectively meet community needs; and to establish strategies for implementing the recommendations. The study gathered data by reviewing existing reports and documents, by conducting stakeholder interviews, and by reviewing Medicaid claims and state service utilization data for behavioral health services.

As a result of the study, the final HSRI report identified 13 recommendations and 65 specific strategies to direct future behavioral health policy and services in the state. The following are the recommendations and strategies included in the report:

Recommendation	Strategy
1. Develop a comprehensive implementation plan	1.1 Reconvene system stakeholders, including service users and their families 1.2 Form an oversight steering committee to coordinate with key stakeholder groups 1.3 Establish workgroups to address common themes identified in this report
2. Invest in prevention and early intervention	2.1 Prioritize and implement evidence-based social and emotional wellness initiatives 2.2 Expand existing substance use prevention efforts, restore funding for the Parents Listen, Educate, Ask, Discuss (LEAD) program 2.3 Build upon and expand current suicide prevention activities 2.4 Continue to address the needs of substance exposed newborns and their parents 2.5 Expand evidence-based services for first-episode psychosis
3. Ensure all North Dakotans have timely access to behavioral health services	3.1 Coordinate and streamline information on resources 3.2 Expand screening in social service systems and primary care 3.3 Ensure a continuum of timely and accessible crisis response services 3.4 Develop a strategy to remove barriers to services for persons with brain injury 3.5 Continue to invest in evidence-based harm-reduction approaches
4. Expand outpatient and community-based service array	4.1 Ensure access to needed coordination services 4.2 Continue to shift funding toward evidence-based and promising practices

Recommendation	Strategy
	<ul style="list-style-type: none"> 4.3 Expand the continuum of substance use disorder treatment services for youth and adults 4.4 Support and coordinate efforts to enhance the availability of outpatient services in primary care 4.5 Address housing needs associated with behavioral health needs 4.6 Promote education and employment among behavioral health service users 4.7 Restore/enhance funding for recovery centers 4.8 Promote timely linkage to community-based services following a crisis 4.9 Examine community-based alternatives to behavioral health services currently provided in long-term care facilities
<p>5. Enhance and streamline system of care for children and youth</p>	<ul style="list-style-type: none"> 5.1 Improve coordination between education, early childhood, and service systems 5.2 Expand targeted, proactive in-home supports for at-risk families 5.3 Develop a coordinated system to enhance treatment-related foster care capacity and cultural responsiveness 5.4 Prioritize residential treatment for those with significant/complex needs
<p>6. Continue to implement and refine criminal justice strategy</p>	<ul style="list-style-type: none"> 6.1 Ensure collaboration and communication between systems 6.2 Promote behavioral health training among first responders and others 6.3 Review behavioral health treatment capacity in jails 6.4 Ensure Medicaid enrollment for individuals returning to the community
<p>7. Engage in targeted efforts to recruit and retain competent behavioral health workforce</p>	<ul style="list-style-type: none"> 7.1 Establish a single entity for supporting workforce implementation 7.2 Develop a single database of statewide vacancies for behavioral health positions 7.3 Provide assistance for behavioral health students working in areas of need in the state 7.4 Raise awareness of student internships and rotations 7.5 Conduct comprehensive review of licensure requirements and reciprocity 7.6 Continue establishing training and credentialing program for peer services 7.7 Expand credentialing programs to prevention and rehabilitation practices 7.8 Support a robust peer workforce through training, professional development, and competitive wages
<p>8. Expand the use of telebehavioral health</p>	<ul style="list-style-type: none"> 8.1 Support providers to secure necessary equipment/staff 8.2 Expand the availability of services for substance use disorders, children and youth, and American Indian populations 8.3 Increase types of services available 8.4 Develop clear, standardized regulatory guidelines
<p>9. Ensure the system reflects values of person centeredness, cultural competence, and trauma-informed approaches</p>	<ul style="list-style-type: none"> 9.1 Promote shared decisionmaking 9.2 Promote mental health advance directives 9.3 Develop a statewide plan to enhance commitment to cultural competence 9.4 Identify cultural/language/service needs 9.5 Ensure effective communication with individuals with limited English proficiency 9.6 Implement additional training 9.7 Develop/promote safe spaces for LGBTQ individuals within the behavioral health system 9.8 Ensure a trauma-informed system 9.9 Promote organizational self-assessments
<p>10. Encourage and support the efforts of communities to promote high-quality services</p>	<ul style="list-style-type: none"> 10.1 Establish a state-level leadership position representing persons with lived experience 10.2 Strengthen advocacy

Recommendation	Strategy
	10.3 Support the development of and partnerships with peer-run organizations 10.4 Support community efforts to reduce stigma, discrimination, and marginalization 10.5 Provide and require coordinated behavioral health training among related service systems
11. Partner with tribal nations to increase health equity	Collaborate within and among tribal nations, and with state and local human service agencies
12. Diversify and enhance funding for behavioral health	12.1 Develop an organized system for identifying/responding to funding opportunities 12.2 Pursue 1915(i) Medicaid state plan amendments 12.3 Pursue options for financing peer support and community health workers 12.4 Sustain/expand voucher funding and other flexible funds for recovery supports 12.5 Enroll eligible service users in Medicaid 12.6 Join in federal efforts to ensure behavioral and physical health parity
13. Conduct ongoing, system-side data-driven monitoring of needs and access	13.1 Enhance and integrate provider data systems 13.2 Develop system metrics to monitor progress on key goals 13.3 Identify and target services to those with highest service costs

LEGISLATIVE ACTION RELATING TO REPORT

The 2017-18 interim Human Services Committee received updates from DHS and HSRI regarding the study of the state's behavioral health system. The committee recommended Senate Bill No. 2030 (2019) which included a general fund appropriation of \$408,000 and 1.5 full-time equivalent (FTE) positions for the purpose of coordinating the implementation of recommendations of the study of the state's behavioral health system. The bill did not pass but Senate Bill No. 2012 (2019), which was approved by the Legislative Assembly, included a \$300,000 general fund appropriation for the implementation of study recommendations.

BEHAVIORAL HEALTH FUNDING

The Legislative Assembly appropriated \$72.4 million to DHS for behavioral health programs for the 2019-21 biennium. This represents an increase in funding of \$28.6 million compared to the 2017-19 biennium appropriations for behavioral health programs as detailed in the schedule below.

	2017-19 Biennium Appropriation	2019-21 Biennium Appropriation	Increase (Decrease)
Behavioral health			
General fund	\$7,975,380	\$21,981,044	\$14,005,664
Other funds	35,853,789	50,420,587	14,566,798
Total	\$43,829,169	\$72,401,631	\$28,572,462

The following are major funding adjustments made by the 2019 Legislative Assembly relating to behavioral health:

- **Free through recovery program** - Added 6 FTE positions and \$4 million from the general fund to expand the free through recovery program to serve individuals outside of the correctional system.
- **Substance use disorder voucher** - Added 2 FTE positions and \$3,053,523 from the general fund to expand the substance use disorder voucher program to provide total funding of \$8,184,006.
- **Suicide prevention program** - Transferred 1 FTE position and \$1,260,512 from the State Department of Health to provide for DHS to administer the suicide prevention program.
- **Peer support certification** - Added 1 FTE position and \$275,000 from the general fund to allow DHS to certify peer support specialists.
- **Parents LEAD** - Increased general fund support for the Parents LEAD program by \$100,000 to provide total funding of \$200,000.
- **Children's system of care grant** - Added \$6 million of federal funds authority for a children's system of care grant.
- **Opioid response grants** - Added \$2,098,462 of federal funds authority for a state opioid response grant.

- **School behavioral health grants** - Added \$1.5 million from the general fund for DHS to provide grants to schools for behavioral health needs. Funding of \$300,000 from the general fund was also added for school behavioral health pilot programs.
- **Early intervention services** - Provided \$300,000 from the general fund for early intervention services.

PROPOSED STUDY PLAN

The following is a proposed study plan for the committee's consideration:

1. Receive updates regarding the status of implementing each of the recommendation areas included in the report;
2. Receive information regarding the behavioral health programs and services provided by DHS and other community providers;
3. Receive information regarding options to improve access and availability of behavioral health services;
4. Gather input from behavioral health stakeholders;
5. Receive comments from interested persons;
6. Develop recommendations and any bill drafts necessary to implement the recommendations; and
7. Prepare a final report for submission to the Legislative Management.

ATTACH:2